## PART B - FEE(S) TRANSMITTAL

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maintenance fee notificati	ions.	, , , , ,	, , , ,				*			
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
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Merchant & Go PO Box 2903 Minneapolis, MN		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimilar transmitted to the USPTO (571) 273-2885, on the date indicated below.								
		Teresa O'Mary			(Depositor's name)					
				/Teresa O'Mary/			(Signalure)			
		May 4, 2011				(Date)				
APPLICATION NO.	ON NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.			
09/679,210 10/04/2000			Donald F. Gordon 60136			136.0126US11	8170			
TITLE OF INVENTION: METHOD AND SYSTEMS FOR MULTICAST USING MULTIPLE TRANSPORT STREAMS										
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755	\$0		\$0		\$755	05/04/2011		
EXAMINER		ART UNIT	CLASS-SUBCLAS	ASS						
SHANG, ANNAN Q		2424	725-054000							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Cox Communications, Inc. Atlanta, Georgia										
Please check the appropriate assignee category or categories (will not be printed on the patent) .   Individual   Corporation or other private group entity   Government										
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by eredit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above)  \[ \begin{align*}             1.27										
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	/David W. L				Date	May 4	1, 2011			
Typed or printed name	David W. L	ynch			Registration N	No	36,204			
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